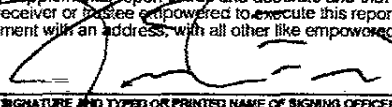


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000092516 1. Entity Name BOB'S CITGO, INCORPORATED		
Principal Place of Business 16091 NW US HWY 441 ALACHUA, FL 32615	Mailing Address 16091 NW US HWY 441 ALACHUA, FL 32615	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MILLIKEN, ROBERT P 16091 NW US HWY 441 ALACHUA, FL 32615		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLIKEN, ROBERT P 16091 NW US 441 ALACHUA, FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLIKEN, GAIL 16091 NW US 441 ALACHUA, FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 7/10/07 Daytime Phone #



07062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3542793	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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07/10/07-80030-024 150.00